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CONFIRMATION NO. 1298

SERIAL NUMBER 10/540,059	FILING OR 371(c) DATE 06/22/2005 RULE	CLASS 128	GROUP ART UNIT 3736	ATTORNEY DOCKET NO. 515858-2009
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APPLICANTS

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** CONTINUING DATA *****

This application is a 371 of PCT/NO03/00435 12/22/2003

** FOREIGN APPLICATIONS *****

NORWAY 20026218 12/23/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWING 7	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

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TITLE

Device for placement between the hands of a person performing chest compression and the chest of a patient

FILING FEE RECEIVED 1100	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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